

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| | | | |
|--|---|---|----------------------------------|
| The C/OH INSTRUCTION GUIDE explains how to complete this form. | | 1 ACCOUNT # (Ethics Commission filers) | 2 Total pages filed: 4 |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR Mr. NICKNAME | FIRST William LAST | MI H. SUFFIX |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 109 N. Post oak lane Suite 350 Houston, TX 77024 | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE (713) | PHONE NUMBER 659-9000 | EXTENSION |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR Mr. NICKNAME | FIRST Matt LAST | MI SUFFIX |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or business) | | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 700 Louisiana, Suite 5000 Houston, TX 77002 | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE (713) | PHONE NUMBER 236-9999 | EXTENSION |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 9th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month Day Year THROUGH Month Day Year 1 / 1 / 2006 6 / 30 / 2006 | | |
| 11 ELECTION | ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 11 / 8 / 2005 | | |
| 12 OFFICE | OFFICE HELD (if any) Mayor, City of Houston | | |
| 13 OFFICE SOUGHT (if known) | Mayor, City of Houston | | |
| 14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS | ** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name Address / PO Box; Apt. / Suite #; City; State; Zip Code | | |
| <input type="checkbox"/> additional pages | | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME

William H. White

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

☐ GENERAL☒ SPECIFIC

COMMITTEE NAME

Friends of Bill White

COMMITTEE ADDRESS

109 N. Post Oak Lane, Suite 350
Houston, TX 77024

COMMITTEE CAMPAIGN TREASURER NAME

Matt Simmons

COMMITTEE CAMPAIGN TREASURER ADDRESS

700 Louisiana, Suite 5000
Houston, TX 77002☐ additional pages18 CONTRIBUTION
TOTALS1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

0

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

1605.00

CONTRIBUTION
BALANCE5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

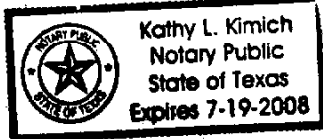
\$

5815.30

OUTSTANDING
LOAN TOTALS6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Bill White

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Bill White, this the 12 day
of July, 2006, to certify which, witness my hand and seal of office.

Kathy L. Kimich

Signature of officer administering oath

Kathy L. Kimich

Printed name of officer administering oath

Notary

Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 1/2

2 FILER NAME

William H. White

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/31/2006

5 Payee name

Northern Trust Bank

6 Payee address; City; State; Zip Code

2701 Kirby Drive
Houston, TX 77098

7 Amount (\$)

25.00

8 Purpose of payment (See instructions regarding type of information required.)

Banking fee

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

2/28/2006

Payee name

Northern Trust Bank

Payee address; City; State; Zip Code

2701 Kirby Drive
Houston, TX 77098

Amount (\$)

25.00

Purpose of payment (See instructions regarding type of information required.)

Banking fee

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

3/31/2006

Payee name

Northern Trust Bank

Payee address; City; State; Zip Code

2701 Kirby Drive
Houston, TX 77098

Amount (\$)

25.00

Purpose of payment (See instructions regarding type of information required.)

Banking fee

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

4/30/2006

Payee name

Northern Trust Bank

Payee address; City; State; Zip Code

2701 Kirby Drive
Houston, TX 77098

Amount (\$)

25.00

Purpose of payment (See instructions regarding type of information required.)

Banking fee

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2/2

2 FILER NAME

William H. White

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

5/31/2006

Northern Trust Bank

6 Payee address; City; State; Zip Code

2701 Kirby Drive
Houston, TX 77098

7 Amount (\$)

2500

8 Purpose of payment (See instructions regarding type of information required.)

Banking Fee

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

6/30/2006

Northern Trust Bank

Payee address; City; State; Zip Code

2701 Kirby Drive
Houston, TX 77098

Amount (\$)

25.00

Purpose of payment (See instructions regarding type of information required.)

Banking Fee

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

5/24/2006

United States Treasury

Payee address; City; State; Zip Code

Austin, TX 73301

Amount (\$)

1455.00

Purpose of payment (See instructions regarding type of information required.)

Taxes

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED